

BILL TO: Account # _____

SHIP TO: _____

Phone: () _____

Phone: () _____

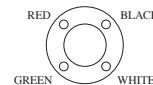
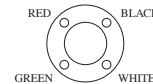
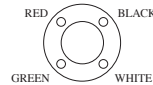
Client's Name: _____

Model / Serial Number: _____

- | | | |
|-------------------|----------------------|----------------|
| DEAD | WEAK | INTERMITTENT |
| BACKGROUND NOISE | FEEDBACK | DISTORTED |
| STATIC | BATTERY DOOR | VOLUME CONTROL |
| FONIX CHART REQ'D | DOES NOT HOLD CHARGE | |

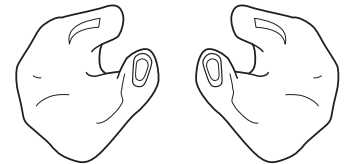
DETAILS: _____

Please set trimpot as indicated below



SHELL (FIT) PROBLEM

- TOO TIGHT
- CANAL LENGTH
- TOO LOOSE
- PROTRUDES
- FEEDBACK
- ALLERGIC REACTION



Indicate area of discomfort